

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90844 rendered on 11-4, 11-11 and 11-25-02.

II. FINDINGS and RATIONALE

Neither party submitted EOBs to support basis of dispute; therefore, CPT code 90844 will be reviewed in accordance with *Medical Fee Guideline*.

On 11-1-02, the requestor obtained preauthorization approval for 3 additional individual therapy sessions one every two weeks over six weeks.

The requestor submitted individual counseling notes to support billing of code 90844 per MFG, reimbursement of 3 dates X \$122.00 = \$366.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (90844) in the amount of \$366.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$366.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division